New and Revised Operational Guidelines as presented on June 30, 2021

STATE OF ALABAMA DEPARTMENT OF MENTAL HEALTH
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PROCESS FOR REVIEW AND UPDATING THE OPERATIONAL GUIDELINES

Division of Developmental Disabilities (DDD) Operational Guidelines

The DDD Operational Guidelines represent the Division's commitment to provide a statewide system of services and supports that is efficient and effective. By establishing and documenting reasonable practices and procedures, ADMH-DDD is ensuring all stakeholders (DDD Staff and provider network) have details needed to perform their role in service delivery consistently, effectively, and efficiently. The Operational Guidelines Manual is also an effort to ensure practices and procedures are performed consistently across all regions. It is expected as our service delivery system evolves, these guidelines will also continue to evolve. All Stakeholders are encouraged to review and provide comment on proposed Organizational Guidelines when 'presented' for review and also encouraged to propose topics where needed procedures may be of benefit.

Development of Operational Guidelines:

1. DDD Associate Commissioner and Executive Staff will review Administrative Code 580-5-30 annually to determine if modifications are warranted.
2. DDD Associate Commissioner and Executive Staff will review ADMH DDD Policies annually to determine if modifications are warranted.
3. DDD Operational Guidelines are developed to document Operational procedures for HCBS Waiver administration, oversight and provider guidance.
4. Content identified for DDD Operational Guidelines are assigned by the DDD Associate Commissioner to the DDD Executive staff responsible for the service area to draft proposed operational procedures.
5. Operational Guidelines include the following information:
    a. Authorized signature
    b. Date Issued
    c. Topic and Title
    d. Transmitting type: New, Change, Clarification, Executive Letter
    e. Who the OG applies to
    f. What waiver the OG applies to
    g. Effective, Revision, Expiration Dates
    h. OG number
    i. References (ADMH policy or administrative code or other state/federal regulations)
    j. Statement

k. Purpose/Intent
l. Definitions
m. Procedure/Explanation
n. Training and Communication Plan
o. Stakeholder Engagement prior to Approval (Yes or No)
p. Author

6. DDD Associate Commissioner and Executive Staff review existing guidelines as needed, but no less than biennially, for necessary revisions.
7. The internal Operational Guidelines Committee (OGC), which consist of the DDD Associate Commissioner and Executive Staff, review and approve proposed revisions and/or the inclusion of new guidelines monthly.
8. Once approved by the internal committee (OGC), the Operational Guidelines are presented at provider meetings for stakeholder comment.
9. Stakeholder comments are considered by the OGC and approved revisions are made to the Operational Guidelines for final approval.
10. Final Operational Guidelines with noted changes are posted to the ADMH website https://mh.alabama.gov/provider-operational-guidelines-manual/ as 'presented' along with the date of the provider meeting.
11. The Operational Guidelines Manual will be published once a quarter and is also posted to the ADMH website https://mh.alabama.gov/provider-operational-guidelines-manual/ as 'published'.
12. An internal review of the Operational Guidelines will be conducted as needed or biennially.

ELIGIBILITY, ENROLLMENT, AND DISENROLLMENT

1.3. Inventory for Client and Agency Planning (ICAP) for Community Services

Responsible Office: Regional Community Services

Reference: Administrative Code 580-5-30.14 Eligibility and Level of Care Determinations for Medicaid Waiver Programs

Revised: June 28, 2021

Statement: The ICAP is administered by the Support Coordinator to assess adaptive eligibility for the Waiver.

Purpose/Intent: Adaptive eligibility for Waiver services must be established upon application for the Waiver and annually at the point of re-determination.

Scope: DDD HCBS Waiver Service Providers; ADMH-DDD Central Regional Offices; Support Coordinator Services

Definitions: ICAP (Inventory for Client and Agency Planning); RCS (Regional Community Services); CSS (Comprehensive Support Services)

Procedures:

1. Prior to administering the ICAP, the Support Coordinator will be trained using an approved training curriculum developed by ADMH.

2. The ICAP is administered by the Support Coordinator as follows:

    a. Must be administered by the SCA upon referral from ADMH of an applicant for the Waiver and must be administered within 90 days of the application being submitted to the RCS office for eligibility determination.

    b. Must be administered every two (2) years and documentation uploaded in the ADMH web-based application that the ICAP was reviewed in between bi-annual assessments at the point of re-determination of eligibility.

    c. Must be administered anytime information regarding the person served changes significantly.

3. In completing the ICAP:

    a. The administering Support Coordinator is to interview the applicant/person served and/or a caregiver most familiar with the capabilities of the person served (e.g., someone who has close, daily involvement), as indicated. The ICAP protocol is not to be given to a provider or provider employee/staff person, or caregiver, to complete on their own as the ICAP is developed through observation and communication directly with the individual and/or the person that knows the individual best.

    b. The following sections of the ICAP must be completed:

        (1) Client information

(2) Section A. Descriptive Information

(3) Section B. Diagnostic Status

(4) Section C. Functional Limitations and Needed Assistance

(5) Section D. Adaptive Behavior

(6) Section E. Problem Behavior

NOTE: Sections F, G, H, I, and J are not completed and/or are scored as none. The Person-Centered Plan communication guide and assessment should be used to further evaluate support and service needs)

c. The completed ICAP must include the date, signature and title of the Support Coordinator completing the assessment.

4. The applicable scores yielded by the ICAP administration are entered into the Eligibility Assessment in the web- based application.

5. For reference, the completed ICAP protocol is scanned and uploaded to the record of the applicant/person served in the web-based application.

SUPPORT COORDINATION (CASE MANAGEMENT)

4.2 Request for Action/Services

Responsible Office: System Management
Reference: ADMH/DD Operational Procedures
Revised: June 28, 2021

Statement: Following a team meeting where all appropriate people attend, ADMH/DDD requires the support coordinator to submit the Request for Action (RFA) form to the Regional Office Waiver Coordinator through the RFA account (see chart below) for changes to a Plan of Care for the following services. The Regional Office should make the determination within no more than **seven (7) working days** to expedite service delivery.

Region 1 RFA
Region 2 RFA
Region 3 RFA
Region 4 RFA
Region 5 RFA

Each Regional Office will meet weekly to review all requests for the perspective regions. Only requests that are submitted by 4pm the day before the meeting are considered for review. Please contact your Regional Office directly to inquire about the day they meet. If a request requires immediate approval, please contact the Waiver Coordinator and Community Services Director directly via email, with a follow-up in ADIDIS.

Requests for Special Level Staffing (Behavioral and Medical), Positive Behavior Supports, and Comprehensive Support Services are submitted to the Regional Office Psychological and Behavioral Evaluator for review and approval.

Purpose/Intent: To expedite the RFA process
Scope: ADMH-DDD Central/Regional Offices, Support Coordinator Services
Definitions: RFA (Request for Action) – All changes to an individual's plan of care; DDD IMS (Division of Developmental Disabilities Information Management System)
Procedures:
An RFA is Required for the following:

1) Assistive Technology
    a) Include medical documentation and prescription

b) Quote for service
c) Denial from other insurance (if applicable)

2) Environmental Accessibility Adaptations (EAA)
a) Include medical documentation
b) Three (3) quotes for service

3) Specialized Staffing (SS)*
a) Please reference Operational Guideline 7.2 for required documentation
b) Submit to the Regional Office Psychological and Behavioral Evaluator

4) Positive Behavior Supports (PBS)
a) Include BSP, PMP, and data
b) Justification to increase services must be included in team meeting minutes
c) If needed to develop a PMP or BSP, submit data and anticipated completion date for the plan(s)

5) Changes in staffing levels for participant in Residential Services
a) Please reference Operational Guideline 8.1

6) Increases in the original units authorized for any service

7) Increases over 12 hours per day for personal care
a) If the PCP is not available via ADIDIS, it must be submitted with the request
b) Documentation of need for the increase

8) Any service not included on the Person-Centered Plan or on the Plan of Care
a) Day Habilitation, Community Experience, Employment Support, etc.
b) Occupational Therapy, Speech Therapy, Physical Therapy – Prescriptions required

9) All Self-Directed changes

10) Specialized Medical Supplies
a) Include Prescription
b) Include Freedom of Choice
c) Denial from other insurance (i.e. Medicaid State Plan)

Procedures for Support Coordinator when an RFA is Required:

1) Hold a team meeting of appropriate people
a) Provide signed team meeting minutes and sign-in

2) Check Medicaid State Plan Services (SPS) and other insurance to ensure an item is not covered (if applicable)
3) Obtain required supporting documentation as necessary (prescriptions, medical documentation, quote, ICAP, etc.)
4) Complete the RFA Form with a detailed description (formal or informal assessments) that supports the request
5) Add service to the plan of care using the following format:
    a) Provider Name
    b) Service Code
    c) Service Name
    d) Units
    e) Unit Type
    f) Cost (if applicable)
    g) Start Date and End Date is **empty**
        a) Exception - for hospital/nursing home discharges, the start date will be written as the date of discharge
    h) Obtain signatures
6) Submit the RFA Form and plan of care to the designated Regional Office RFA Account electronically through ADIDIS once all required documentation is received and leave in pending status
7) When additional information is requested for any request, the Regional Office will add a note in ADIDIS and tag the assigned Support Coordinator. It is imperative that Support Coordinators review their notes to avoid delays in services
8) Following approval of the RFA, review the authorizations tab to ensure the requested service(s) are added and notify the provider of service
9) Support Coordinator will update the Plan of Care tab in ADIDIS with the start date of service(s) and complete the record
10) In emergency situations, please indicate the start date on the RFA and the plan of care

Procedures for Regional Office when an RFA is Required:

1) Services cannot be initiated without an approved RFA
2) Verify all information is included on the RFA. If not, return to support coordinator with a note in ADIDIS.
3) Verify the documentation supports the need for service

4) Write the start date and end date on the plan of care and initial
5) Approved
    a) Sign and date approved RFA
    b) Upload approved RFA and plan of care in ADIDIS
    c) Generate approval letter to the participant and mail approval to participant
    d) Copy to Fiscal Manager in the Regional Office via ADIDIS to authorize service
    e) Email provider(s) the approval letter

6) Denied
    a) Sign and date RFA
    b) Upload denied RFA and Notice of Appeal in ADIDIS
    c) Generate the denial letter to the participant
    d) Denial Letter and Notice of Appeal is mailed to the participant
    e) Email provider(s) the denial letter

7) Incomplete
    a) If required information is not received by the Regional Office within 7 working days following the request for the information from the Regional Office, the RFA will be returned to the Support Coordinator via ADIDIS and mailed to the waiver participant as incomplete
    b) The request may be resubmitted once all information is obtained
    c) Email provider(s) the letter indicating the request is incomplete
8) Copy the Support Coordinator and Support Coordinator Supervisor (upload in ADIDIS) on approval, denial, or incomplete requests

An RFA is NOT required for the following:

A team meeting is required in these instances. The process should be completed in no less than five (5) days to ensure timely delivery of services:

1) Units currently authorized and on the Plan of Care that require a change
    a) Transfer of units between services already on the Plan of Care
    b) ADIDIS notes should be updated
2) All address changes in residential providers or provider sites

a) ADIDIS notes should be updated and provider will submit an updated IRBI to the Community Services Director via email

3) Change in providers

a) ADIDIS notes should be updated and provider will submit an updated IRBI to the Community Services Director via email

Procedures for Support Coordinator when an RFA is NOT Required:

1) Ensure documentation is evident in the Person-Centered Plan
2) Review authorizations to ensure the service(s) are currently authorized prior to making changes
   a) If the service is not currently authorized, an RFA will be required to add a new service
3) Make changes to the participant's Plan of Care
   a) Terminate the previous units (T code)
   b) Add the new begin date and end date for the new service(s) (A Code)
4) Submit note into ADIDIS and copy the Regional Office RFA Account
5) Support coordinator will review authorizations and notify the provider the dates of changes in service(s)

Procedures for Regional Office when an RFA is NOT Required:

1) Waiver Coordinator will verify the Plan of Care has been updated correctly
   a. If revisions or documentation is needed, return to the Support Coordinator
2) Once reviewed by Waiver Coordinator, mark the note as Complete and copy the Support Coordinator and the Fiscal Manager to authorize the service

Exhibit 4.2.

ALABAMA DEPARTMENT OF MENTAL HEALTH

DIVISION OF DEVELOPMENTAL DISABILITY SERVICES

REQUEST FOR REGIONAL ACTION

DATE_____

TO: RCS DIRECTOR/DESIGNEE_____

FROM: SUPPORT COORDINATOR_____AGENCY: _____

WAIVER PARTICIPANT INFORMATION

NAME:_____ CASE NUMBER: _____

ADDRESS (street, city, zip, Apt.): _____

PROVIDER AGENCY: _____

WAIVER TYPE: ☐ ID ☐ LAH ☐ CWP

SERVICE REQUESTED

☐ SERVICES NOT CURRENTLY AUTHORIZED ON PLAN OF CARE

Service:_____

☐ SPECIALIZED STAFFING

☐ CSST CONSULTATION

☐ SELF-DIRECTED SERVICES REFERRAL

☐ OTHER:_____

REQUEST

☐ APPROVED ☐ DENIED ☐ INCOMPLETE

REGIONAL OFFICE COMMENTS:

_____ _____

RCS DIRECTOR/DESIGNEE DATE

Please use for additional information

Exhibit 4.2.a.

ALABAMA DEPARTMENT OF MENTAL HEALTH DIVISION OF DEVELOPMENTAL DISABILITIES

REQUEST FOR REGIONAL ACTION (RFA) INSTRUCTIONS

A team meeting is required prior to submission of the RFA. This form should be completed after appropriate members of the team have met.

1. Type in the date the RFA is complete
2. Type in the name of the Regional Community Services Director or Designee
3. Type in your name and Support Coordination Agency Name

4. Waiver Participant Information

- Type in the name of the waiver participant
- Type in the waiver participant's ADIDIS case number
- Type in the address or P.O. Box of the waiver participant (include street number, street name, city, state, zip code, and apartment number (as applicable)
- Type in the Provider Agency (of individual)
- Indicate Waiver Type

5. Service Requested:

- Check the service that is being requested:
- Services not currently authorized on the Plan of Care - indicate the specific service name
- Specialized Staffing
- CSST Consultation
- Self- Directed Services - indicate the specific service(s)

6. Request:

The Support Coordinator will complete this box. Justification for the addition of the service is required. Documentation should be brief and concise and fully note the participant's need for the service. Request should include but is not limited to service name, the need of service(brief/concise), the units/frequency of service, and the provider of the service.

ADIDIS Recipient(s) to Tag	RO RFA Account	RO Evaluator	RO WL Coordinator	RO Waiver Coordinator	SDS Liaison
Requests for Regional Action	X				
SLS Requests		X			
CSST Referral		X			
PBS RFA's		X			
Self-Directed Services	X				X
Re-Determinations				X	
Waiting List Applications			X		

Waiver Services are not an entitlement but are necessary to support the participant in the community based on assessed need. Waiver services are not designed to benefit anyone other than the participant.

7. Regional Office Comments:

The RCS Director or Designee will complete this box.
The RCS Director or Designee will indicate if the request is Approved, Denied, or Incomplete.

- Approved: service(s) approved will be indicated in the box.
- Denied: any adverse action requires the participant to be notified in writing with explanation of the adverse action included. The participant will be mailed their appeal rights
- Incomplete: there is not enough supporting documentation to decide about the requested service(s)

The RFA will be signed by the Regional CSD or Designee with the date the decision was determined.

8.5. Memorandum of Agreements (MOA) for non-contracted HCBS Waiver Services

Responsible Office: Waiver Service Guidance
Reference: DDD HCBS Waivers
Revised: June 11, 2021
Statement: Access to HCBS waiver services outside contracted provider network
Purpose/Intent: To establish a process to ensure access to HCBS waiver services when providers of those services are outside the contracted provider network and also, to ensure individual choice of providers. Services covered by an MOA can include:

- Any waiver service that a waiver enrollee needs but contracted providers cannot provide at the time the waiver enrollee needs the service.
- Any waiver service that a waiver enrollee needs for which there is only one contracted provider available and the waiver enrollee wishes to choose a different provider.

The MOA can also be used for waiver services that will be provided temporarily, to a waiver enrollee, by a non-contracted provider until a contract can be fully executed with that provider.
All MOAs must be approved by the Associate Commissioner before implementation.
Scope: DDD HCBS Waiver Service Providers; Support Coordinator Services; ADMH-DDD Central/Regional Offices
Definitions:
Procedures:

1. The Support Coordinator determines through Person Centered Planning or other means (physician's recommendation, interdisciplinary team meeting, etc.) whether the service may be needed and/or beneficial to the waiver participant.
2. The Support Coordinator ensures the request goes through the RFA process for approval and ensures supporting information is included in the request.
3. If the service is determined needed/beneficial and is approved by the Regional Office after review of supporting documentation, the Support Coordinator and Regional Office will work together to identify a provider of identified service.
4. The Regional Office will ensure the provider meets provider qualifications for the service(s) to be provided and can provide services as described in the Scope of Service (or waiver service description). The Regional Office then submits a request that includes provider information to the Central Office for approval to execute an MOA.
5. If approved, the Central Office ensures the provider is registered in STAARS then develops the MOA and the provider is added to the MOA Provider list.
6. Once the provider is chosen, the provider submits an invoice detailing all claims billing information required for the Regional Fiscal Manager to process payment (ie., service, unit #/type, individual's identifying information, other supporting information as requested/required).
7. The Regional Fiscal Office will process the Medicaid waiver claims billing and pay provider once Medicaid payment is received.
8. This MOA Provider list will be maintained and updated in the Regional Offices for future reference.

9. Expired MOAs must be renewed to remain on the MOA Provider List.
10. Regional Offices should ensure updated MOA Provider lists are provided to Support Coordination agencies in their region.